



Canadian Residents' Corner / Coin canadien des résidents en radiologie

Case of the Month #163

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Clinical Presentation

A 5-year-old girl presented with a 2-week history of progressively worsening lower extremity pain, greater on the right, with an inability to bear weight. She was clinically tender over the distal tibia and fibula bilaterally. Initial laboratory test results demonstrated a slightly decreased platelet count but was otherwise unremarkable. Further blood work showed nonspecific inflammatory markers of erythrocyte sedimentation rate (81 mm/h; reference range, 0–20 mm/h) and hypersensitive C-reactive protein (CRP) (256 mg/L; reference range, ≤ 0.9 mg/L) were also increased. Diagnostic workup included pelvic radiograph (Figure 1), ^{99m}Tc bone scan (Figure 2), and magnetic resonance imaging (MRI) (Figure 3) within 4 days of presentation to our hospital.

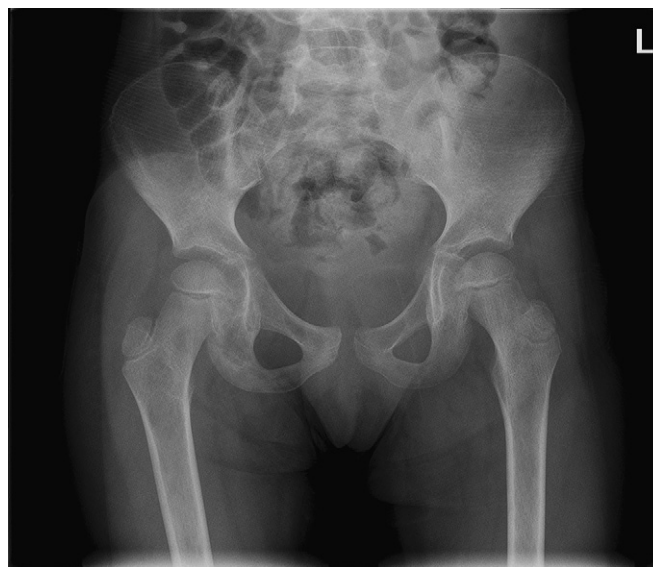


Figure 1. Anteroposterior (AP) pelvic radiograph.

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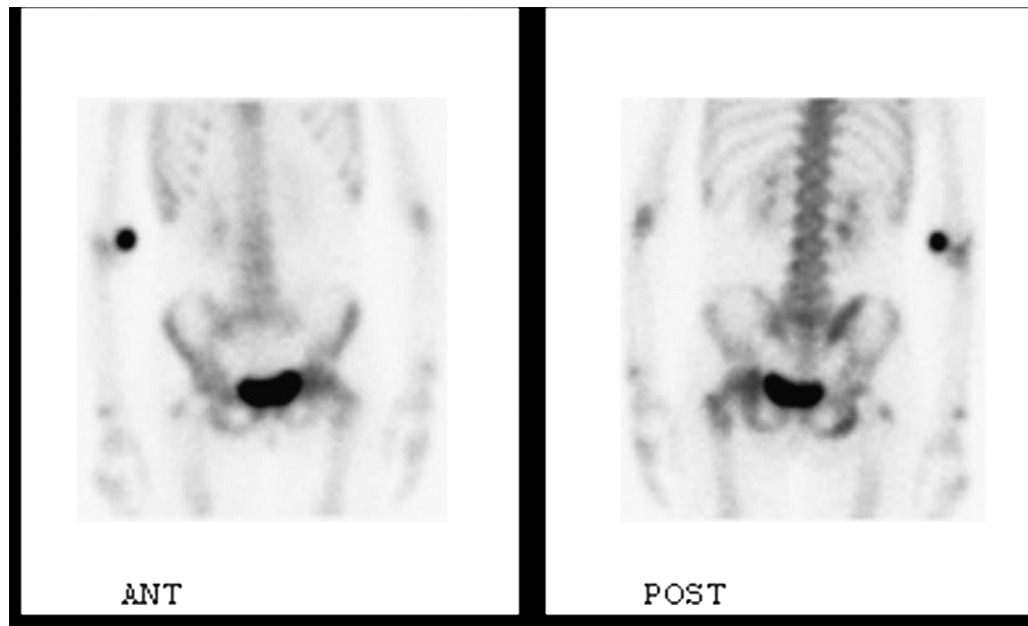


Figure 2. ^{99m}Tc bone scintigraphy at the level of the pelvis.

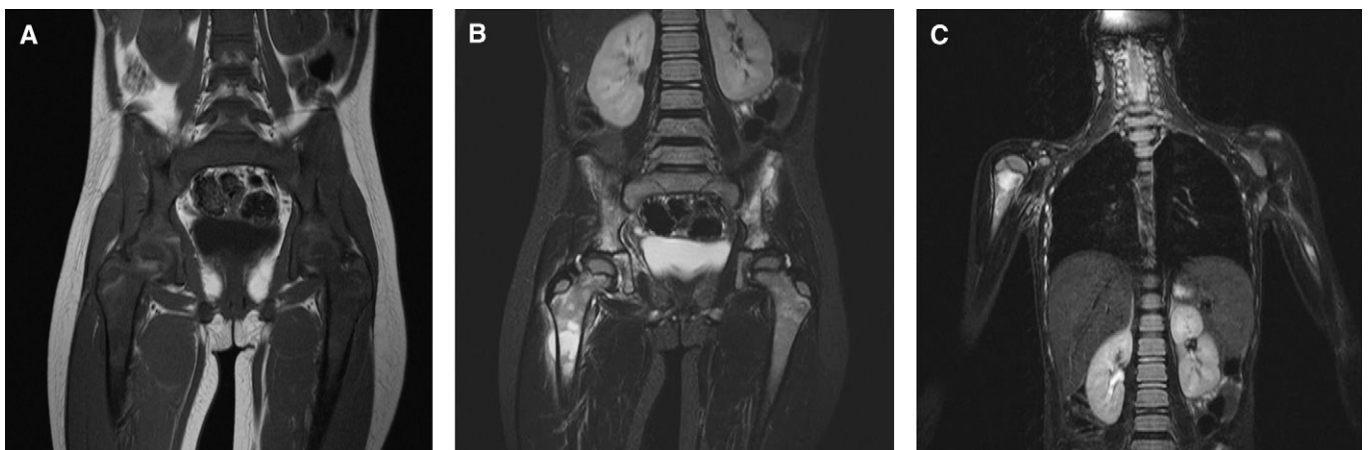


Figure 3. Magnetic resonance images as follows: (A) coronal T_1 -weighted image (TE = 14 ms, TR = 429 ms) of the pelvis and proximal femora, (B) coronal short tau inversion recovery (STIR) image (TE = 74 ms, TR = 4500 ms) of the pelvis and proximal femora, and (C) coronal STIR image (TE = 74 ms, TR = 5620 ms) of the thorax.